

Bureau of Prisons, Justice

§ 552.41

(b) After any use of force or forcible application of restraints, the inmate shall be examined by qualified health personnel, and any injuries noted, immediately treated.

[61 FR 39801, July 30, 1996]

§ 552.27 Documentation of use of force and application of restraints incidents.

Staff shall appropriately document all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall also document, in writing, the use of restraints on an inmate who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the inmate's central file.

[59 FR 30470, June 13, 1994]

Subpart D—Hostage Situation Management

SOURCE: 61 FR 38042, July 22, 1996, unless otherwise noted.

§ 552.30 Purpose and scope.

The Bureau of Prisons primary objectives in all hostage situations are to safely free the hostage(s) and to regain control of the institution.

§ 552.31 Negotiations.

The Warden is not ordinarily involved directly in the negotiation process. Instead, this responsibility is ordinarily assigned to a team of individuals specifically trained in hostage negotiation techniques.

(a) Negotiators have no decision-making authority in hostage situations, but rather serve as intermediaries between hostage takers and command center staff.

(b) During the negotiation process, the following items are non-negotiable: release of captors from custody, providing of weapons, exchange of hostages, and immunity from prosecution.

§ 552.32 Hostages.

Captive staff have no authority and their directives shall be disregarded.

§ 552.33 Media.

The Warden shall assign staff to handle all news releases and news media

inquiries in accordance with the rule on Contact with News Media (see 28 CFR 540.65).

Subpart E—Suicide Prevention Program

SOURCE: 72 FR 12086, Mar. 15, 2007, unless otherwise noted.

§ 552.40 Purpose and scope.

The Bureau of Prisons (Bureau) operates a suicide prevention program to assist staff in identifying and managing potentially suicidal inmates. When staff identify an inmate as being at risk for suicide, staff will place the inmate on suicide watch. Based upon clinical findings, staff will either terminate the suicide watch when the inmate is no longer at imminent risk for suicide or arrange for the inmate's transfer to a medical referral center or contract health care facility.

§ 552.41 Program procedures.

(a) *Program Coordinator.* Each institution must have a Program Coordinator for the institution's suicide prevention program.

(b) *Training.* The Program Coordinator is responsible for ensuring that appropriate training is available to staff and to inmates selected as inmate observers.

(c) *Identification of at risk inmates.* (1) Medical staff are to screen a newly admitted inmate for signs that the inmate is at risk for suicide. Ordinarily, this screening is to take place within twenty-four hours of the inmate's admission to the institution.

(2) Staff (whether medical or non-medical) may make an identification at any time based upon the inmate's observed behavior.

(d) *Referral.* Staff who identify an inmate to be at risk for suicide will have the inmate placed on suicide watch.

(e) *Assessment.* A psychologist will clinically assess each inmate placed on suicide watch.

(f) *Intervention.* Upon completion of the clinical assessment, the Program Coordinator or designee will determine the appropriate intervention that best meets the needs of the inmate.